



Homestead Veterinary Hospital•1720 Old Reedy Creek Rd•Cary NC 27513•919-535-9955•infinityk9@gmail.com

AUTHORIZATION TO SHIP

I _____, as owner of the below listed animal, do authorize, Infinity Canine, LLC
(Owner's Name)

to ship _____ straws vials to:
(Number of straws/vials or insemination dose)

Place of shipment address: _____

Phone Number: _____

The semen will be shipped from the following identified dog:

Call Name: _____ Breed: _____

Registered Name: _____

Registration Number: _____

Semen owner's Name: _____ Phone: _____

Signature _____ Date: _____

The semen will be for use by:

Bitch Call Name: _____ Owner: _____

Billing Address: _____ ZIP Code: _____

Phone Number: _____ Email: _____